



Effective Engagement and Retention Strategies: Innovative Practices for Women in Substance Abuse Treatment

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PROTOTYPES

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Center for Drug Free Living

Reduce Waiting & No-Shows • Increase Admissions & Continuation

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Network for the Improvement of Addiction Treatment

*A Partnership Between
Robert Wood Johnson Foundation*

&

SAMHSA CSAT



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NIATx Goal: Improve Client Engagement and Retention

The 4 aims:

1. Decrease wait time
2. Decrease no-shows
3. Increase retention
4. Increase admissions



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Process Improvement Theory

1. Most customer service problems are related to organizational processes
2. Customers are external and internal
3. Processes can be defined, measured, changed, and tested



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Principles of Successful Process Improvement

What really matters:

1. Involve the customer
2. Carefully select problems to solve
3. Appoint a change leader
4. Seek ideas from outside the agency
5. Start small and take out the bugs
6. Make changes to sustain improvement

(Gustafson and Hundt, 1995)



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Key Staff for Success

- **Executive sponsor**
- **Change leader**
- **Change team**



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Process Improvement Model

1. Identify a problem important to the agency.
2. How will you know if an improvement has been achieved? What will you measure?
3. Develop a change plan to test one intervention in one location in one level of care.
4. Implement the plan and measure the results.
5. Revise the change plan as needed until desired result is achieved.



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Using Motivational Interviewing to Decrease No-Shows to Intake & Increase Continuation in Treatment

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THE OUTPATIENT NO-SHOW CHALLENGE



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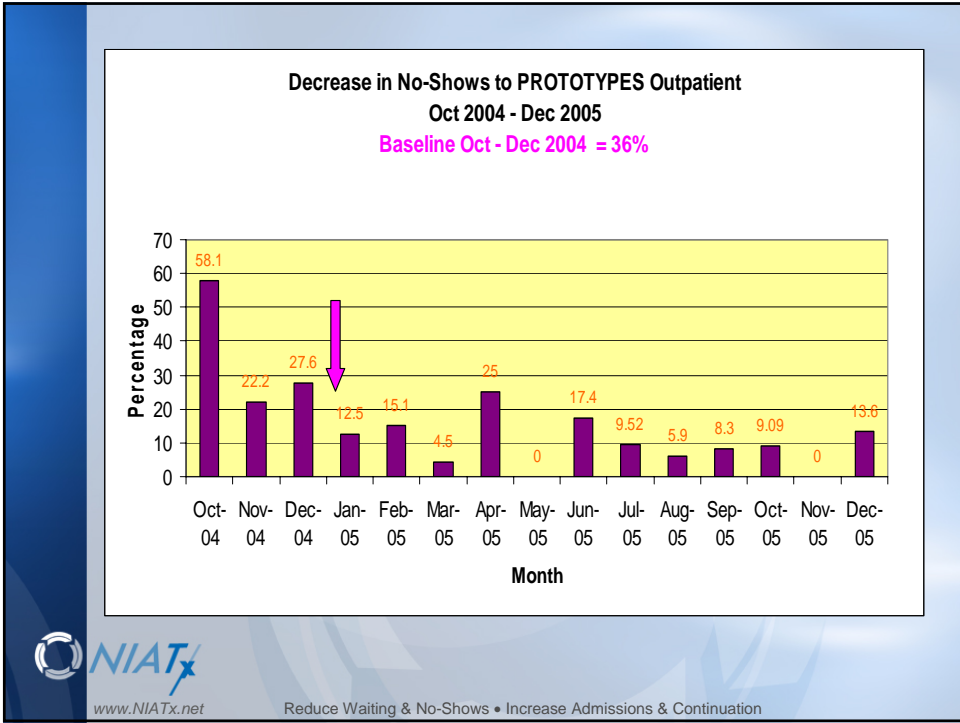
PROTOTYPES No-Show Aim

For all prospective clients for the outpatient program, the target no-show rate to intake will be 15% or less.



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Motivational Interviewing Strategies

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MOTIVATIONAL INTERVIEWING

Implement motivational enhancement techniques for staff to use with new clients by:

- Eliciting client feedback during clinical assessment about what is the most important thing s/he wants to receive in treatment (e.g., access to counselor, mental health services, medication assistance, etc.), and
- Developing a plan with the client to assure that need is being met the first few days in treatment.



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What are your most important treatment needs?

- anger management
- dealing with my depression
- parenting issues / be a good mother
- not knowing how to set boundaries
- to learn how to trust people
- reunite with son
- domestic violence
- getting to know myself
- complete parole/probation
- learn to be self sufficient
- staying sober
- relapse prevention



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The people that can help you meet those needs (by name):

- drug and alcohol counselor
- mental health therapist
- vocational specialist
- medical staff
- parenting center
- Big Sister/Junior Big Sister/peers
- group therapy



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I can expect to have these needs met by this date:

- within the week
- by the end of the month
- by 3 - 6 months
- by end of program



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What can we do to make sure you attend all your scheduled treatment?

- Reorganize my work schedule
- Get a ride
- Be nice
- Remind me a day before appointment
- Help me with transportation
- Get bus schedule
- Make groups interesting



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What can you do to make sure you attend all your scheduled treatment?

- Remember where I came from
- Don't socialize with negative people
- Give it a chance
- Involve myself
- Be honest with myself
- Commit
- Take responsibility
- Do the work
- Suit up and show up
- Focus on getting kids back
- Talk to my counselor about things bothering me
- Open my mind and heart
- Avoid petty things
- Keep busy and productive
- Just go
- Make a note
- Don't give up
- Set alarm clock
- Remember what is my priority
- Look forward to going home
- Listen, read, digest info



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THE RESULTS



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OUTCOME SUMMARY

Outpatient No-Shows Pre - M.I. Mean: 36%

(October – December 2004 average)

Outpatient No-Shows Post- M.I. Mean: 10.08%

(January – December 2005 average)

No-Shows DECREASED Over 12 Months:

25.92%



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HOW DID WE DO IT?



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Implementation

- 1) Two days of Motivational Interviewing training
- 2) Modeling & Supervision by Change Leader
- 3) Role play & Rehearsal with Intake Staff
- 4) Observation during phone screenings
- 5) M.I. summary sheet filled out for each client
- 6) M.I. summary sheet given to:
 - Client
 - Counselor for client
 - Change Leader
 - Intake Department Deputy Director
 - Placed in chart



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M.I. Summary Sheet - Assessment

- 1) What are your most important treatment needs?
- 2) These people will help you meet those needs.
- 3) You will have your needs met by this date.
- 4) What can we do to make sure you attend all your scheduled treatment?
- 5) What can you do to make sure you attend all your scheduled treatment?



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THE RESIDENTIAL TREATMENT CONTINUATION CHALLENGE



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PROTOTYPES Continuation Aim

For all new clients admitted to the residential program, the target continuation rate through the first week of treatment will be 100%.



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Data History

- From October 2003 through January 2005, continuation through 1st week of treatment averaged 90.11%
- From February 2005 through July 2005, continuation through 1st week of treatment averaged 80.62%
- M.I. at intake begins August 2005



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Motivational Interviewing Strategies



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M.I. Questions – 2nd Dose

- 1) What are your most important treatment needs?
- 2) These people will help you meet those needs.
- 3) You will have your needs met by this date.

NEW QUESTIONS

- 4) What are the reasons you would be most likely to leave treatment early?
- 5) What can you do to make sure you remain in treatment, even when you are tempted to leave?



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What are the reasons you would be most likely to leave treatment early?

- if my step-daughter's illness (cancer) deteriorates
- inability to stay safe
- if someone gave me a housing voucher
- getting mad / short tension span
- death in family
- being disrespected
- emergency with children
- if I don't see growth in myself
- being emotionally attacked
- if court told me I couldn't have my children
- not having my medication



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What can you do to make sure you remain in treatment, even when you are tempted to leave?

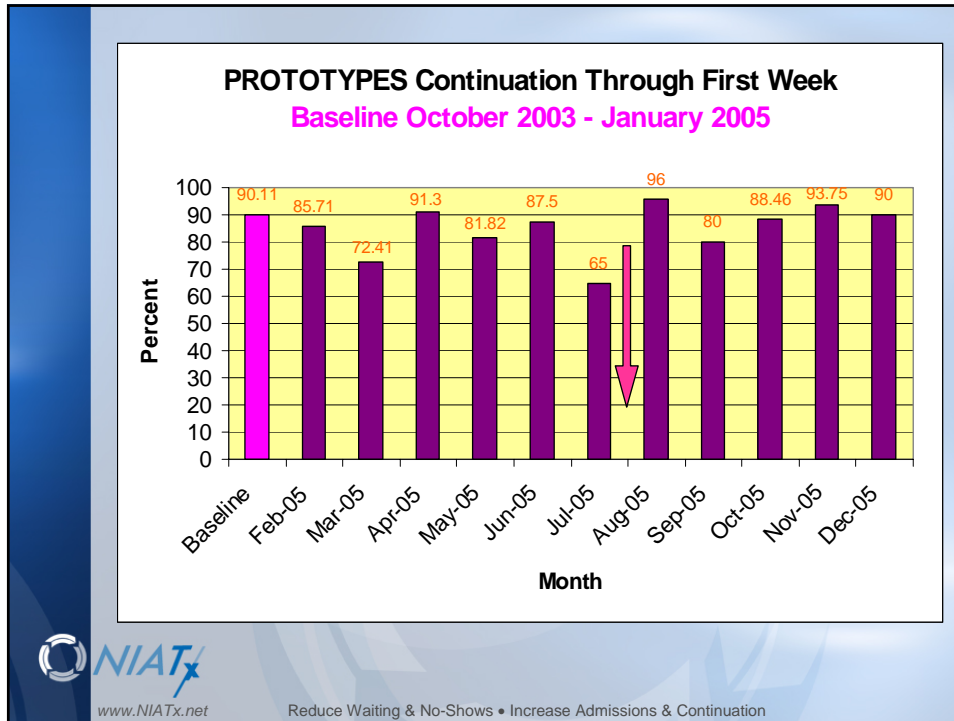
- know that I can trust my family members to help me with issues
- know that I must tell someone when I feel like hurting myself
- wait it out if I get angry
- talk to my Yolanda (therapist)
- pray – ask for strength not to leave
- remember my kids are at risk
- remember that I will be homeless
- know that I will relapse if I leave
- talk to my counselor
- draw pictures
- go against my own judgment
- get refills before medication runs out



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Data Results

- From October 2003 through January 2005, continuation through 1st week of treatment averaged 90.11%
- From February 2005 through July 2005, continuation through 1st week of treatment averaged 80.62%
- M.I. at intake begins August 2005
- Continuation through 1st week increases to an average of 89.64%

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QUESTIONS?



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Perinatal Treatment Services

Changing Us, Changing Lives

Kay E. Seim, M.A.

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PTS Client Profile (N=250)

- 100% women are addicted to drugs and/or alcohol
- 97% have history of domestic violence
- 80% have history of physical or sexual abuse in childhood
- 60% co-occurring disorder with mental health diagnosis



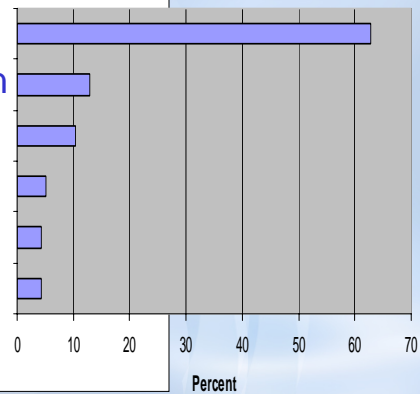
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PTS Client Ethnic Representation

- 62.9% Caucasian
- 12.9% African American
- 10.3% Hispanic
- 5.1% Multi-ethnic
- 4.3% Native American
- 4.3% Other



N=250



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Long Term Residential Treatment for Pregnant and Parenting Women



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Therapeutic Childcare Services On-site

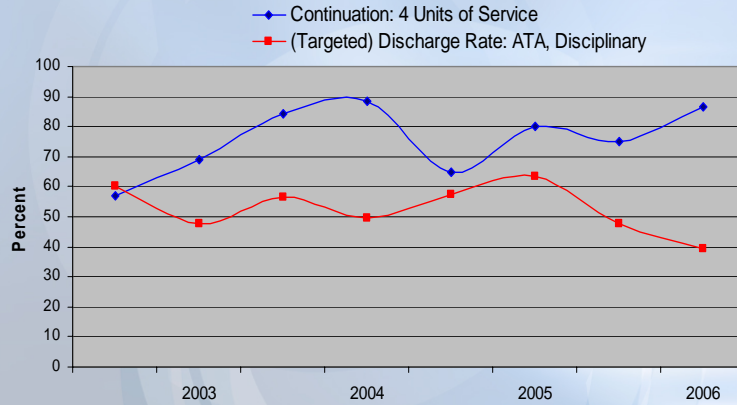


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Goals

PTS Seattle: Continuation & Targeted Discharges
(Grant began September 2003)

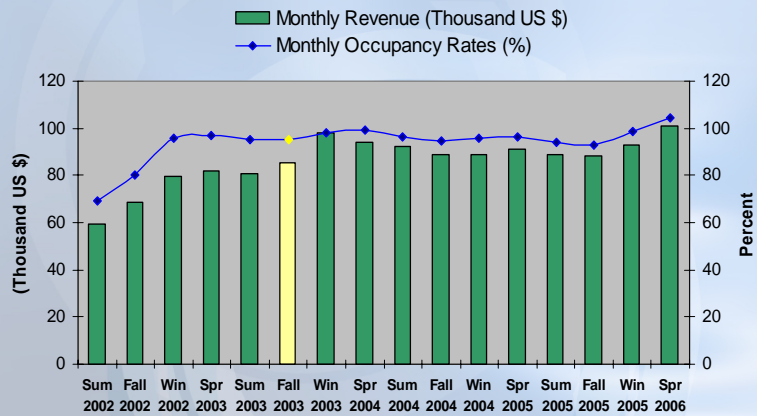


ATA = Against Treatment Advice

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Business Case

PTS Seattle: Revenue and Occupancy Rate
(Grant began September 2003)



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The Center for Drug Free Living Engagement and Retention: Not just about clients

Angie Maldonado, B.S.

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The Center for Drug Free Living, Inc



- Orlando, Florida
- Comprehensive Behavioral Healthcare Provider
- Serving Central Florida since 1971
- Over 550 employees
- Promoting Healthy Responsible Lifestyles
- CARF Accredited



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Services Provided

- Adult and Adolescent Services
- Outpatient Services
- Residential Services
- Medically Assisted Treatment
- Detoxification
- Drug Court (adult/juvenile)
- Juvenile Justice
- PPWI
- Nueva Vida



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Non-Residential Snapshot October 2004

- 67% client drop-out rates over 4 weeks
- 53% direct care staff turnover in one year
- 43 days average length of stay for new clients



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Baseline Data

November 2004 data gathered by:

- Interviews with clients
 - program strengths and weaknesses
- Analysis of program data
 - client discharges higher following staff turnover
- Interviews with staff
 - job satisfaction



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Changes Made

In November 2004, staff implemented an educational/mentor plan for clients. Staff trained in MI/MET

OUTCOMES:

- Increased client continuation from 43 days to 50 days (90-days after intervention)
- Increased client satisfaction (strengthening relationships w/staff)



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Additional Changes

- Direct care staff asked for support from counselors and other staff members
- Implemented a weekly staff supervision with direct care staff's input
- Provided support to direct care staff for positive relationship building skills with clients
- Counselors and direct care staff shared a vision
- During staff supervision direct care staff were able to practice MI/MET skills
- Counselors and other staff members were able to provide ideas to direct care staff

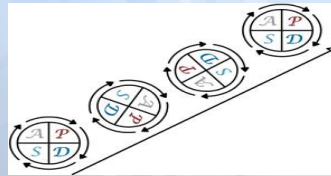


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Final Results

- Client drop-out rate decreased:
 - 67% to 54% (4 weeks following intervention)
- Staff turnover reduced dramatically
 - 23% from 53% (first six months after these two interventions)
- Client's length of stay increased from
 - 43 days to 149 days (six months after interventions)



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Lessons Learned

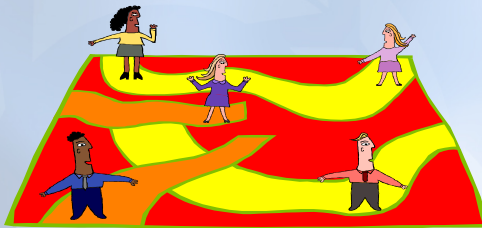
- Just Do It !!!
- If something does not work, it's OK
- This is just a test, and only a test
- Communicate, communicate, communicate...
- Create a shared vision



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Something to Remember



“Do not go where the path may lead, instead go where there is no path and leave a trail.”

~ Ralph Waldo Emerson



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